

Children's World



Year in Review Issue
1980

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Children's World is published quarterly by the Public Relations Department

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The Year in Review



The Children's Hospital Medical Center, founded in 1869, is a voluntary, nonprofit teaching hospital affiliated with Harvard Medical School. The largest pediatric hospital in the country, it is dedicated to patient care, research, and teaching, and offers comprehensive health care services for patients from birth through young adulthood.



David S. Weiner
President



William W. Wolbach
Chairman
of the Board

Nineteen-eighty has been a year of great progress for The Children's Hospital Medical Center. The hospital was able this year to complete a number of long-awaited projects, to initiate several new patient care programs and major affiliations, and to fill key medical and administrative positions.

These accomplishments were realized in an atmosphere which demanded our focused attention on increasing economic and regulatory pressures. That the medical center was able to dedicate considerable efforts to planning for its rightful position in the future of pediatric health care while at the same time enjoying fiscal health and significant achievements is a worthy reflection on the thousands of people who serve Children's Hospital so well.

Many of the medical center's achievements during 1980 have their impact internally as well as beyond the boundaries of the Longwood medical area. Four beds were added to the Neonatal Intensive Care Unit, bringing the total there to 16 and increasing the overall bed count from 335 to 339. The dedication of the new Ina Sue Perlmutter Cystic Fibrosis Research Center and the bridge connecting the Enders and Hunnewell Buildings gave a new look to the exterior and main entrance of the medical center, and provided the first physical link between Children's research and clinical areas. And the acquisition of a whole-body CT scanner greatly increased the capabilities of our Radiology Department.

Several interinstitutional linkages established during 1980 have carried the hospital beyond its own physical plant and have been an important adjunct to the delivery of health care in Boston and the surrounding area. Among them were: an agreement with Brigham and Women's Hospital which provides our pediatric patients requiring radiation therapy with appropriate accom-

modations for treatment in Brigham and Women's new radiation therapy facility; a partnership with Beth Israel and Brigham and Women's Hospitals to form a combined trauma center for the Longwood medical area; and affiliation agreements involving the Harvard Community Health Plan's new center in Wellesley and the Lahey Clinic's new facility in Burlington.

These steps toward regionalization of pediatric services included teaching as well as patient care. During 1980, an agreement was developed by the hospital to train students and residents from the Tufts and Boston University programs in pediatric otolaryngology. We hope that this cooperative effort will serve as a model for future affiliations, allowing for consolidation of training programs in regional centers such as Children's.

In addition to activities in patient care and teaching, many productive and significant research projects were completed at the medical center in 1980. Among them was a report from Dr. David Nathan that a method has been developed for storing red blood cells for prolonged periods, increasing both the life of the cells and their usefulness for blood transfusions. And Dr. Richard Sidman achieved a significant breakthrough by developing a genetic animal model for the study of epilepsy. These and many of the hundreds of research activities in progress at Children's have an impact that far exceeds the confines of the laboratories in the Enders Building, an impact that further expands the role of the medical center in delivering the best possible pediatric health care.

This mission, especially as it concerns our research efforts, was greatly helped through the negotiation of an institutional patent agreement between the hospital and the federal Department of Health and Human Services. Because the agreement guarantees the hospital immediate ownership of inventions, our ability to transfer new technology from our research laboratories to use with patients has been greatly enhanced.

Along with these new developments, the medical center also welcomed new staff and administration to key posts.

Among the medical staff, Milton Alper, M.D., was named anesthesiologist-in-chief; Frederick Lovejoy, M.D., became associate physician-in-chief; Robert Crone, M.D., became medical director of the Multidisciplinary Intensive Care Unit; and Stephen Shusterman, D.M.D., and Howard Needleman, D.M.D., assumed joint responsibility for the Department of Dentistry.

Administratively, Joseph Gagnon became executive vice president; Jonathan Bates, M.D., vice president for Planning; James Lambert, vice president for Development; and John Wilhelm, vice president for Finance.

The hospital's Board of Trustees was very active this year. In addition to the formation of a new committee of the Board, the Real Estate Investment Committee, three very important subcommittees were appointed to work on specific tasks for the medical center: external relations, gifts and endowments, and governance structure.

This last subcommittee is of utmost importance because today, more than ever before, those hospitals with the most coherent organization of decision-making authority are the ones most likely to cope successfully with change. The task of governance is especially difficult because the charges to the institution are constantly changing. As new agencies, new regulations, new needs arise, what was the best approach yesterday may not be appropriate or sufficient today. In perhaps no other field of endeavor are changes so steady, technologies so revolutionary, needs so fluctuating, as the field of health care. We are confident that the work of this new Trustee subcommittee will strengthen our capacity to respond to such changes.

Since we entered this decade, we have heard many forecasts and predictions for the future of health care, most of them focusing on new avenues of cost containment. Among the methods of reform now in ascendance, touted by many as the panacea for all the financial problems of the health care system, is the concept of marketplace or price competition. Its proponents believe that competition would reduce costs and offer the best chance of developing a rational health care delivery system. Opponents argue that a competitive environment would compromise quality, harm the system, and in the process deny access to many groups of patients. The very mention of competition leads to debates about regulation, deregulation, pluralism, free enterprise, and other economic issues.

Under a system of direct price competition, tertiary care teaching hospitals such as Children's would be especially vulnerable, given our unavoidably higher costs related to medical education, development of research and technology, high intensity of care, and management of medically indigent patients.

The fact remains, however, that market forces are beginning to show themselves, and are having a more pronounced effect on traditional patterns of provider and patient behavior, most notably in urban areas. The changing world of marketplace forces – in which competition takes many forms, each with its own set of implications – presents special challenges to the medical center.

We are prepared to meet those challenges in a number of ways: through careful analysis and evaluation of all hospital programs, current and planned; through a continuing emphasis on productivity, culminating in the highest quality "product" for our patients; through the formulation of informed strategies toward the most effective allocation of our own resources; and through a concerted effort to anticipate the coming trends in the health care field.

How will The Children's Hospital Medical Center fare in the 1980's?

It is our firm belief that the medical center will continue to flourish. Our achievements of the past year reflect the enthusiasm and spirit of the thousands of people who make up Children's Hospital. It is their commitment to perform at the highest standards and to initiate new approaches that enable us to do better. It is a quality of this institution which we value highly and which, we believe, will make the difference for Children's Hospital during the coming decade.



David S. Weiner
President



William W. Wolbach
Chairman of the Board

1980: Activity and Accomplishments



Cystic Fibrosis Research Center opened. The world's first research center for the study of cystic fibrosis was dedicated at Children's Hospital on October 7.

Located in the Enders Research Building, the Ina Sue Perlmutter Cystic Fibrosis Research Center is a cooperative effort between Children's and the Massachusetts Cystic Fibrosis Foundation, which raised funds for the facility. It is staffed by research scientists and technicians striving to uncover the mysteries of cystic fibrosis, the most lethal of lung damaging diseases that affect children.

This year's poster children for the Massachusetts Cystic Fibrosis Foundation,

David Rhodes, 9, of Waltham, and his sister Stephanie, 3, cut the ribbons and unveiled several plaques to mark the official opening.

The center is named for the daughter of the late Irving Perlmutter, a longtime trustee of Children's Hospital and driving force behind the efforts to construct a facility for cystic fibrosis research. The laboratories are named for Harry Shwachman, M.D., chief of the Division of Clinical Nutrition, emeritus, and senior associate in Medicine and Cystic Fibrosis (Cell Biology).

Ceremonies were also held to dedicate the Ina Sue Perlmutter Bridge, which links the research facilities to the patient care buildings of the hospital.



*Top: Harvey Colten, M.D., director of the center.
Above: Harry Shwachman, M.D., for whom the laboratories were named.
Right: David and Stephanie Rhodes, poster children for the Massachusetts Cystic Fibrosis Foundation.*





*The Ina Sue Perlmutter
Bridge symbolizes the direct
link between research and
patient care.*



Charles Spear, technical associate in Radiology, peered happily through the patient aperture of the 4600-pound "gantry" of the new CT scanner.

CT scanner now in operation. A whole-body computed tomography (CT) scanner was installed in the Radiology Department in March. In 1979, following a three-year Determination of Need process, Children's Hospital received approval for this purchase from the Massachusetts Public Health Council. Approval was granted because of the need for at least one scanner to be available full-time in the Longwood medical area for children.

The scanner uses a series of X-rays to take cross-sectional pictures of a patient's body. The machine's computer sorts out the information gathered during the scan and displays it on a television screen. It provides accurate diagnostic information previously obtained only by submitting the patient to a multitude of tests.

The CT scanner became operational in mid-April. Approximately 275 patient studies are done each month.

One For All Fund activities continue.

Funds raised during the first annual One For All Fund campaign, the hospital's new approach to charitable giving, were disbursed in February by a nine-member employee-staff allocations committee.

Eleven hospital employees and staff members received funding for several local, national, and international charitable organizations in which they are actively involved. Children's Hospital and the United Way were also major recipients of the more than \$54,000 that was allocated by the committee.

The second annual One For All Fund campaign was held in the fall. During the month-long drive, campaign workers in each department solicited donations from co-workers. A hand-painted clock in the hospital's main lobby recorded campaign progress. At the close of the calendar year, pledges and contributions to the fund totalled \$51,851.

First anniversary for MICU. In December 1979, ceremonies were held to dedicate the hospital's new Multidisciplinary Intensive Care Unit. At that time, the only occupant was Raggedy Ann, a "patient" on the unit who had several hundred visitors on the day of the dedication. After a year of operation, the unit has fewer visitors and many more patients.

Prior to receiving patients, the process of recruiting nursing staff continued, and equipment and systems were given final tests. On January 15, the first patient was admitted.

Several additional bedspaces were opened in the spring for acutely ill children requiring highly specialized care. In July, a team of three "intensivists," physicians trained in intensive care, joined the staff.

Bedspaces were gradually opened as the staffing of the unit with nursing and support personnel continued. By the end of the year, 30 of the unit's 36 beds were open.

Sign Shop artist Roy Warren measured one minute on the clock for every \$1,000.



WBZ Radio holiday broadcast. Holiday spirit was in the air, and so were messages about Children's Hospital. During the two and a half weeks before Christmas, all WBZ Radio programs devoted time to discuss Children's Hospital programs and people, its history, and its achievements as one of the nation's most valued medical resources. The broadcasts originated from a mobile van at Faneuil Hall Marketplace, and periodically from suburban shopping malls.

While major segments of each day's programming were devoted to information about the hospital, holiday shoppers were also invited to visit the van and make donations to Children's. Contributions amounted to more than \$92,000.

In addition to providing generous financial support, this first annual project gave Children's an opportunity to communicate a wealth of information about the hospital and its services, and to educate the listening audience with health messages for children and adolescents.

WBZ Radio personality Dave Maynard added to the wooden stocking contributions given to him for Children's.



Renewed commitment to affirmative action. During the summer, the hospital began a comprehensive review of its affirmative action efforts, in recognition of concerns expressed by hospital employees. Specifically mentioned for the review were personnel recruitment and hiring practices, and training and tuition assistance programs.

Children's Hospital is firmly committed to exploring all the ways in which it can respond to the needs of its employees, and to working toward full and equal participation of minorities, women, and handicapped persons at all levels of employment. A task force was appointed and charged with developing recommendations while an interim affirmative action plan was prepared.

Efforts were made to increase the representation of minorities and women in the candidate pools for open positions, particularly at the senior management level. A sign-off policy was proposed to monitor hiring procedures and to assure appropriate consideration of minority and female applicants.

In the area of training, pilot programs were launched in supervisory development, career counseling, and racial awareness. A revision of the tuition assistance policy increased the amount of reimbursement, and proposed an extension of the guidelines for eligibility.

Children's Hospital looks forward to expanding its affirmative action initiatives in 1981, and incorporating them into a policy that promotes equal opportunity and career development for all of its employees.

Visitor's policy revised. Sensitivity to the emotional needs of patients led the hospital to revise its visitor's policy at the beginning of the year. Previously, children under the age of 14 were not allowed in patient areas, except in special cases, because of the potential health hazard to hospitalized children caused by even the most routine infections transmitted by young visitors.

Recognizing the psychological benefits of sibling contact, however, the Patient Care Committee and the Infection Control Committee collaborated on a revision of the rules. The new policy permits flexibility in responding to the needs of individual patients and their families.

Although visitors must now be at least 12 years of age, head nurses and physicians may waive the visitor policy at their discretion, provided that the young visitors are screened for exposure to chicken pox and for other obvious symptoms of contagious disease.





In the recesses of the hospital basement, John Talbot, Sr., manager of Communications, double checked the new Centrex equipment.

Centrex conversion. On November 22, every telephone number at Children's changed as the hospital telephone service was converted to the Centrex system.

"Centrex" means Central Exchange, a system by which every individual or department can be reached by dialing direct, without going through a switchboard. Outgoing calls can be made from the hospital, without the necessity of waiting for switchboard lines to clear, by dialing "9" or the prefix code for long distance calls.

Children's joined the Centrex system managed by the Medical Area Service Corporation (MASCO). The system provided greater cost savings and brought Children's

closer to its Longwood medical area neighbors. Most importantly, the change made the hospital more accessible to the thousands of people who call every day.

Preparations for the switch began in early spring. A new underground cable was put in, and the conversion to the new system was made by using the old telephone equipment. Posters around the medical center and announcements in employee publications reminded visitors and employees of the coming change. As the day of the conversion drew near, thousands of postcards were sent out to inform outsiders of the new telephone numbers.

Training sessions for employees were held by MASCO and the New England Telephone Company. Hospital stationery and other business forms were reprinted with new phone numbers. The day before the conversion, newspaper ads notified the public of the change.

Children's sends help to Cambodians.

On any given day, somewhere in the world far from Boston, a Children's Hospital physician is visiting, consulting, lecturing, or providing medical care. This past year, the Cambodian refugee tragedy inspired the help not only of physicians, but medical and support personnel as well.

In response to a request from hospital President David Weiner and Physician-in-Chief Mary Ellen Avery, M.D., more than 30 physicians, 50 nurses, and many of the hospital's support staff volunteered to aid some of the hundreds of thousands of Cambodian refugees living in camps along the Thai border.

The relief effort continued throughout the year, as others from Children's traveled across the globe to give medical assistance to refugee children and their families.

Among the most poignant of the letters, slides, and photographs describing life in the camps was a letter from Ivan Frantz, M.D.:

"...Everything you've heard about the horrors of the past is true. No family is intact. Thousands of orphans, many of whom watched their parents die. The orphans are cared for by women who have lost their own children. Last night we lost a child with either staph or TB pneumonia. His mother stayed at the hospital all night to thank us for trying to help....

"The work here is hard, in unbearable heat, dust, and dirt, but it is rewarding. We are all glad we are here."



Malnutrition was among many medical problems suffered by Cambodian children.

Affiliations. Cooperative efforts with medical, social service, and educational institutions expanded in 1980, as Children's Hospital established new affiliations and strengthened existing ones.

The hospital joined 10 other area hospitals, agencies, schools, and health centers in the Alliance for Young Families, formed to deal with teenage pregnancy and motherhood. Coordinated services begin with pregnancy and continue until the child is at least three years old. The Alliance helps meet the variety of problems encountered by the young families of more than 2,000 babies born each year in the Boston area to adolescent women.

Children's played a leading role in establishing a multi-institutional agreement for the training of medical students and residents from the Tufts-Boston University Program in Otolaryngology. The agreement involves Children's, Harvard Medical School, Massachusetts Eye and Ear Infirmary, Boston University School of Medicine, and Tufts University School of Medicine. It provides for: the rotation of medical students and residents through Children's Department of Otolaryngology; reciprocal medical staff and faculty appointments of chiefs of service at Children's, Tufts, and Boston University; and a full-time Otolaryngology residency at Children's for a member of the Tufts-Boston University program.

Children's joined with Beth Israel Hospital and Brigham and Women's Hospital in a combined trauma service for the Longwood medical area, called the Harvard-Longwood Institutions for Emergency Services. It is

one of three official Boston "trauma centers" designated last year by the Department of Public Health's Office of Emergency Services. Trauma centers deal with life-threatening trauma cases, such as serious auto accidents or injuries resulting from violence. The Longwood agreement represents a shared commitment to promote effective care in trauma, to educate medical, nursing, and paramedical personnel in the care of trauma patients, to conduct trauma research, and to educate the community in prevention of trauma.

Plans were made in 1980 for the development of a radiation therapy facility at Brigham and Women's Hospital suitable for use by Children's Hospital patients. Brigham and Women's, which received approval several years ago from the Public Health Council for the construction of a radiation therapy facility in conjunction with its new hospital towers, requested a modification of the suite to better accommodate pediatric patients and their families. The facility, which is part of the Joint Center for Radiation Therapy, is expected to be completed in 1982.

Children's Hospital medical staff began providing pediatric care at the newest Harvard Community Health Center, which opened in Wellesley in July. The center, located at 230 Worcester Street, is the third to open in the greater Boston area. Children's also provides pediatric care at the Kenmore and Cambridge centers.

The Martha Eliot Health Center in Jamaica Plain continues to be an integral part of Children's Ambulatory Services Program. One of the oldest comprehensive health centers in the country, Martha Eliot provides primary, outpatient care to more than 33,000 community residents each year. In 1980, a board of directors composed of eight community representatives and four representatives from Children's Hospital was formed to undertake supervision of operations and future planning for Martha Eliot.



Research at Children's. Research projects undertaken by scientists and investigators at Children's during 1980 were predictably wide-ranging, from basic science, through intermediate discoveries leading to breakthroughs in patient care, to developments in high technology with immediate clinical application.

Examples of research activities reported indicate the scope and significance of research at Children's Hospital.

The year 1980 marked the tenth anniversary of the Mental Retardation and Human Development Research Program, one of a dozen such centers throughout the United States. The study of mental retardation and related aspects of human development, the largest coordinated program of research at the medical center, brings together researchers from many different disci-



The research conducted in the Enders laboratories will affect children around the world.

plines. Major areas of focus are behavioral sciences, genetics, and neuroscience.

One very significant neuroscience project reported last year involved the development of an animal mutant with spontaneous inherited epilepsy, which can serve as an animal model for epilepsy in humans.

Animal models which imitate human disease are of great value, because studies can be performed with animals in the research lab that could not be conducted with humans.

Throughout the year, basic science continued to be scrutinized at all levels. The work of researchers in areas such as cytogenetics, the branch of biology that deals primarily with chromosomes, is having an impact on the general understanding of human chromosomes and the practice of clinical genetics.

Clinical research projects last year included joint efforts with other institutions. Children's participated with the Sidney Farber Cancer Institute and several other research centers throughout the country in a chemotherapy treatment program that has proven effective in producing long-term complete remissions in both children and adults with acute myelogenous leukemia. This new treatment plan produced complete remission in 70 percent of the patients studied. Half of those who responded to the treatment, which is of shorter duration and greater intensity than conventional therapies, have remained free of the disease for periods of between two and four years.

New advances were made in high technology, which is an important part of research

at Children's Hospital. Two devices from the EMG (electromyographic) laboratory can collect and relay information about the body's muscles, and have clinical applications for patients with neuromuscular disorders such as cerebral palsy and muscular dystrophy as well as for patients undergoing physical therapy or rehabilitation.

One of these devices, a biofeedback machine called "Myo chirp," uses a technologically superior electrode to interpret information from the muscles and to transmit that information through a series of beeps, or "chirps." The other device, a muscle fatigue monitor, pinpoints the electrical activity of individual muscles, and allows for the first time an objective method for measuring muscle fatigue.

The fact that its inventors have received patents on the muscle fatigue monitor is of added significance. The process of retaining ownership of inventions will be made much simpler at the medical center in the future by virtue of an institutional patent agreement negotiated during 1980 with the federal Department of Health and Human Services. The agreement allows the medical center to retain immediate ownership of all inventions developed through funds provided by the Department of Health and Human Services, and has paved the way for the smooth transfer of technology to the patients it was designed to serve.

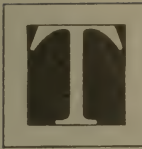
Two-year accreditation received.

In November of 1980, Children's was notified that it had received a full two-year accreditation from the Joint Commission on Accreditation of Hospitals (JCAH). The JCAH review is the most comprehensive institution-wide inspection that American hospitals undergo. Accreditation by JCAH is considered a sign of quality for health care institutions.

A View of Children's World







his year was a time for the nation to reflect on the meaning of work. In a troubled economy, people learned what it meant to have a job, lose a job, seek a job, begin a new job. They examined the importance of work in their lives.

More than 3,000 people work, full time or part time, in Children's world. They bake birthday cakes, type medical data, build casts, repair hearts, wipe foreheads, mix medications, plant flowers, draw maps, connect arteries, isolate cells. Every job at Children's Hospital affects patients.

To 3,000 people in 1980, a job was more than a place to work. It was a place to work hard, helping young people become well.





Statistical and Financial Report





Statistics

Patient	1980	1979
Number of licensed beds	339	335
Inpatients served	13,363	13,150
Patient days	99,095	98,681
Average stay	7.4	7.5
Clinic visits	149,492	149,649
Number of clinics	84	83
Emergency room visits	58,591	57,598
Surgical procedures		
Inpatient	6,955	6,776
Outpatient	2,917	2,686
Total	9,872	9,462
Radiology		
Patient visits	66,831	66,067
Procedures performed	73,370	73,718
Laboratory tests	953,685	925,908

Personnel

Active medical staff	505	476
Active dental staff	16	16
Associated scientific staff	162	153
Courtesy staff	228	204
House staff	365	357
Consultants	137	138
Emeriti	59	55
Clinical assistants	16	31
Visiting professors	4	4
Nursing staff	666	616
Other full-time employees	1,866	1,856
Other part-time employees	626	634
Volunteers	785	712



Report of the Treasurer

Nineteen-eighty was a year of great financial significance for The Children's Hospital Medical Center as represented by the following highlights:

We earned a surplus from patient care activities for the third consecutive year, and we now have a modest cumulative surplus of \$500,000 from the past five years. We've proven that we can provide excellent patient care while following a "break-even" financial policy.

Our 1980 capital expenditures and commitments were \$11.2 million, the highest level of the past 10 years. This substantial growth was funded by the generosity of our many donors, the income from our endowment fund and indirectly by avoiding deficits in patient care, research, and other related activities. We are making progress in providing the resources for new technology and facilities that we deferred in the 1970's due to operating deficits.

Despite our improved financial condition and our adherence to sound financial policies, 1981 will be a difficult administrative and financial challenge. Inflation will place great pressure on the medical center as we must cope with the need to pay competitive salaries, with changes in reimbursement regulations, and with the task of raising discretionary funds that will mean the difference between average care and excellence.

We are striving to prudently manage our financial affairs, and by this financial stewardship earn the confidence of our donors. The generosity of each and every donor is greatly appreciated, and we need this continuing support especially during the current period of high inflation.

George W. Phillips
Treasurer



Statement of Revenues and Expenses

**Years Ended September 30,
1980 and 1979**

	1980	1979
Patient service revenue	\$ 90,332,190	\$ 77,658,835
Adjustments granted (free care, contractual, etc.)	(15,962,512)	(14,177,667)
Net patient service revenue	74,369,678	63,481,168
Other revenue	7,942,250	6,627,172
Total operating revenue	82,311,928	70,108,340
Patient care expenses	80,673,717	69,092,622
Income from patient care operations	1,638,211	1,015,718
Gain (loss) from research, training, etc.	116,573	(150,000)
Income attributable to non-patient care properties	916,347	646,153
Income from operations	2,671,131	1,511,871
Non-operating revenue	7,785,816	6,385,421
Effect of changes in accounting methods	(1,005,336)	(1,545,000)
Excess of revenues over expenses	\$ 9,451,611	\$ 6,352,292

Note: The Statement of Revenues and Expenses and Condensed Balance Sheet are excerpted from the audited financial statements and are not intended to provide the information contained in the complete audit report.

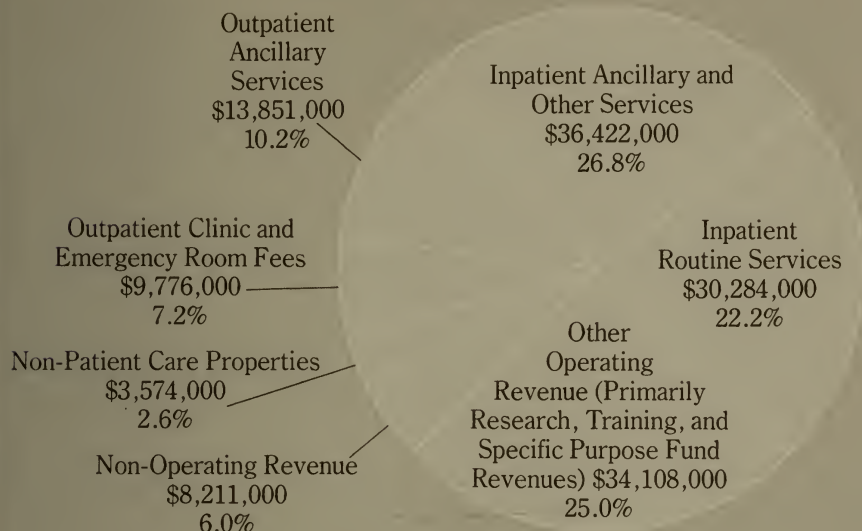
Auditors:

Peat, Marwick, Mitchell & Co.
Certified Public Accountants
One Boston Place
Boston, Massachusetts

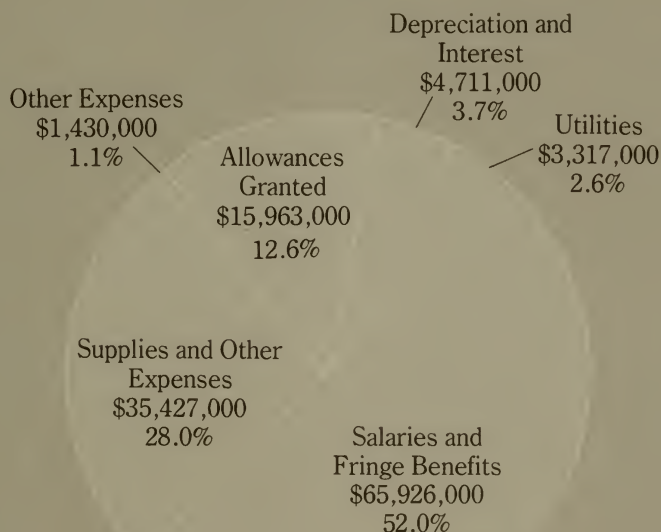


Financial Highlights: Year ended September 30, 1980

Sources of Revenues



Distribution of Expenses





Condensed Balance Sheet: September 30, 1980 and 1979

Assets	1980	1979
Unrestricted funds:		
Current:		
Cash	\$ 161,557	\$ 678,774
Accounts receivable, net	16,563,520	14,328,290
Inventories	729,313	576,644
Prepaid expenses	176,027	129,056
Total	<u>17,630,417</u>	<u>15,712,764</u>
Construction fund receivable	4,390,509	6,031,736
Investments, at cost	31,465,568	21,709,885
Property, plant and equipment, at cost, less accumulated depreciation	58,360,875	52,320,771
Other assets	1,639,107	1,453,520
Total	<u>113,486,476</u>	<u>97,228,676</u>
Restricted funds:		
Accounts receivable	4,030,927	2,508,900
Investments, at cost	<u>29,022,542</u>	<u>28,744,294</u>
Total	<u>\$146,539,945</u>	<u>\$128,481,870</u>
Liabilities and Fund Balances	1980	1979
Unrestricted funds:		
Current:		
Current portion of long-term debt	\$ 305,287	\$ 233,442
Accounts payable and accrued expenses	11,643,285	8,376,098
Due to third party payors	4,501,513	3,747,876
Deferred revenue	-	1,345,000
Total	<u>16,450,085</u>	<u>13,702,416</u>
Long-term debt, excluding current portion	12,562,280	12,874,352
Deferred compensation	1,639,107	1,453,520
Accrued employees' retirement plan expense	1,904,401	1,917,428
Fund balance	<u>80,930,603</u>	<u>67,280,960</u>
Total	<u>113,486,476</u>	<u>97,228,676</u>
Restricted fund balances:		
Specific purpose funds	11,180,707	9,357,247
Endowment funds	21,470,968	21,584,388
Funds held for others	401,794	311,559
Total	<u>\$146,539,945</u>	<u>\$128,481,870</u>

People, Departments, and Programs



Executive Committee

Chairman:

William W. Wolbach

Membership:

Mary Ellen Avery, M.D.

Paul F. Hellmuth

John A. Kirkpatrick, M.D.

David I. Kosowsky, Sc.D.

David A. Mittell

George W. Phillips

Alexander S. Nadas, M.D.

William N. Swift

Hon. Joseph L. Tauro

David S. Weiner

Board of Managers

Mary Ellen Avery, M.D.,

Member-at-Large

Mrs. E. Lorraine Baugh, R.N.,

Member-at-Large

F. Gorham Brigham, Jr.,

Chairman of the Nominating
Committee

Douglas Danner,

Member-at-Large

Mrs. Lee Day Gillespie,

Secretary

Paul F. Hellmuth, Chairman of
the Development Committee

Mrs. David M. Kaplan, President
of the Children's Hospital
League

John A. Kirkpatrick, M.D.,

Chairman of the Medical Staff
Executive Committee

David I. Kosowsky, Sc.D.,

Chairman of the Research
Committee

David A. Mittell, Chairman of the
Building Committee

Robert A.G. Monks, Chairman of
the Real Estate Investment
Committee

E. James Morton, Chairman of
the Compensation and Benefits
Committee

William F. Morton, Chairman of
the Investment Committee

Alexander S. Nadas, M.D.,
Member-at-Large

George W. Phillips, Treasurer
and Chairman of the Finance
Committee

Mrs. Herman M. Stein, Former
President of the Children's
Hospital League

Douglas MacN. Surgenor, Ph.D.,
Member-at-Large

William N. Swift, Vice Chairman
of the Board of Trustees

Hon. Joseph L. Tauro,

Member-at-Large

David S. Weiner, President

William W. Wolbach, Chairman
of the Board of Trustees

Chiefs of Service and Division Chiefs

Department of

Anesthesiology

Milton H. Alper, M.D.,

Anesthesiologist-in-Chief

Department of Cardiology

Alexander S. Nadas, M.D., Chief

Donald C. Fyler, M.D., Associate
Chief

Department of

Cardiovascular Surgery

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Administrative Services
Admitting
Adolescent/Young Adult Unit
Allergy
Ambulatory Services
Anesthesia
Animal Facility
Cardiology
Cardiac Catheterization
Cardiac Graphics
Cardiovascular Surgery
Cell Biology
Central Supply
Child Development
Clinical Laboratories
Clinical Services
Communications
Community Services
Continuing Care
Cystic Fibrosis
Dental
Dermatology
Development
Dietary
Endocrinology
Environmental Services
Epidemiology
Fiscal Services

Gastroenterology and
Nutrition
General Stores
Genetics
Gynecology
Hearing and Speech
Hematology/Oncology
Hospital Engineering
Immunology
Infectious Diseases
Kinesiology
Legal Counsel
Linen
Management Information
Systems
Materials Handling
Medical Records
Medicine
Message Center
Metabolism
Nephrology
Neurology
Neurophysiology
Neuroscience
Neurosurgery
Newborn Medicine
Nuclear Medicine
Nursing
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Pathology
Patient Activity
Patient Services
Personnel
Pharmacology
Pharmacy
Physical Therapy
Planning
Plastic Surgery
Psychiatry
Psychology
Public Relations
Pulmonary
Purchasing
Quality Assurance
Radiation Therapy
Radiology
Research Administration
Respiratory Therapy
Security
Social Services
Special Services
Staff Development (Nursing)
Surgery
Surgical Research
Transfusion Service and Blood
Bank
Transportation
Urology
Visual Education
Volunteer Services



Outpatient Programs

Adolescent/Young Adult Unit
Allergy Clinic
Ambulatory Nursing Program
Ambulatory Surgery Service
Arthritis Clinic
Behavioral Psychology Program
Birth Defects and Genetic
 Counseling Center
Brace Shop (NOPCO)
Cardiology Clinic
Cardiovascular Surgery
 Department
Cerebral Palsy Medical Clinic
Cerebral Palsy Orthopaedic
 Clinic
Community Services Program
Comprehensive Child Health
 Program
Craniofacial Clinic
Cystic Fibrosis Clinic
Dental Clinic
Dermatology Clinic
Developmental Consultation
 Program
Developmental Evaluation Clinic
Diabetes Unit
Diagnostic Test Center
Dietary Consultation Program
Down Syndrome: Early
 Intervention Program for
 Infants
Early Childhood Program
Educational Assessment and
 Functional Progress Program
Emergency Services
Endocrine Clinics – Pediatric and
 Adolescent
Failure to Thrive Team
Family Development Clinic
Gastroenterology – Nutrition
 Clinic
Genitourinary Clinic
Growth Clinic
Gynecology Clinic
Gynecology Nurse Program
Hand Clinic: Combined
 Orthopaedic – Plastic
Hearing and Speech Division



Heart Disease Prevention
 Program
Hematology Clinic
Hemophilia Clinic
Hypertension Clinic
Infant Follow-up Program
Lead/Toxicology Clinic
Learning Disabilities Clinic
Martha Eliot Health Center
Medical Diagnostic Clinic
Medical Intake Program
Medical Nurse Program
Metabolic Bone Disorders Clinic
Metabolism Clinic
Myelodysplasia Clinic
Neurology Clinic
Neurology Nurse Program
Neuromuscular Diseases Clinic
Neuropsychology Services
Neurosurgical Clinic
Nuclear Medicine Division
Occupational Therapy Clinic
Oncology Service, Pediatric
Ophthalmology Clinic
Optical Services
Oral Surgery Clinic
Orofacial Clinic (Children's
 Hospital)
Orofacial Clinic (Services to
 Handicapped Children)
Orthopaedic Clinic
Orthopaedic Nurse Program
Orthoptic Clinic
Ostomy Program
Otolaryngology Clinic
Pacemaker Clinic
Pains and Incontinence Program
Pediatric Consultative Associates
Periphereo-Vascular Clinic
Physical Therapy Clinic
PKU: Inborn Errors of
 Metabolism Clinic
Plastic Surgery Clinic

Podiatry Clinic
Preschool Function Program
Prevocational/Vocational Work
 Experience Program
Prosthetic Clinic
Protein Clinic
Psychiatry Clinic
Psychology Services
Psychosomatic Service
Pulmonary Clinic
Pulmonary Function Laboratories
Radiation Therapy Department
Radiology Department
Renal Clinic, General
Renal Clinic, Special
Rheumatic Fever Clinic
School Function Program
Seizure Clinic
Seizure Unit
Seizure Unit Family Services
 Team
Sexual Abuse Treatment Team
Sleep Disorder Program
Social Service Department
Spanish Consultation Program
Special Diagnostic Test Center
Spinal Deformities Clinic
Sports Medicine Division
Surgical Clinic, General
Surgical Nurse Program
Tumor Clinic, Orthopaedic
Urodynamics Laboratory
Weight Control Program
Wrentham State School Contract
Young Children and their Parents
 Development Clinic
Young Parent Program

GIVING

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Office of Development

The Children's Hospital Medical Center
300 Longwood Avenue
Boston, Massachusetts 02115
Telephone: 617-735-6899



The Children's Hospital Medical Center



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